

Arkansas New Hire Reporting Form

Send completed form to:

Arkansas New Hire Reporting Center
PO BOX 2540
LITTLE ROCK, AR 72203

Or fax to: 1-800-259-3562

For more information: 1-800-259-2095

Employer Information(Please Print or Type)

**Federal Employer
Identification Number**

Employer Name

Street Address

City/State/Zip Code

Contact Phone/Name

Employee Information

Name

Name

SSN

SSN

Address

Address

City/State/Zip

City/State/Zip

Optional fields

Date of birth

Date of hire

State of hire

Optional fields

Date of birth

Date of hire

State of hire

Name

Name

SSN

SSN

Address

Address

City/State/Zip

City/State/Zip

Optional fields

Date of birth

Date of hire

State of hire

Optional fields

Date of birth

Date of hire

State of hire
